

This is pretty strong evidence that the disappearance of the disease has very little to do with the withdrawal of mercury from teething powders.—I am, etc.,

Leicester

J. VERNON BRAITHWAITE.

### Drugs for Depression

SIR,—May we add to the correspondence about your Current Practice article on the value of drugs used in the treatment of depressive illnesses (January 19, p. 173). As Drs. William Sargant (February 9, p. 401) and Norman W. Imlah (February 23, p. 538) have pointed out, the article was misleading and needlessly pessimistic. While drugs such as "nardil" (phenelzine) and "tofranil" (imipramine) may not show up very well in double-blind, short-term studies, epidemiological research may well reveal their true value.

In a Leicester survey<sup>1</sup> we found that there had lately been a highly significant decrease in the number of patients suffering from such severe depression as to require admission. Prior to 1958, the admission rates for all groups of psychiatric disorder had been rising, and this was probably general throughout the country.<sup>2</sup> After 1958 these trends continued, except in the case of severe depressive illnesses.

It seems likely that this change reflects the increasing use of antidepressants, such drugs apparently being effective in the treatment of depressions in the community ("tofranil" was introduced in 1958). Also, general practitioners, now that they have therapeutic tools for these conditions, have become "depressive-state-orientated," so that the diagnosis is more often being made at an early, more readily treatable, stage.

We also feel that small studies conducted in hospitals should not be accepted as the chief index to the therapeutic value of a drug.—We are, etc.,

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### REFERENCES

- <sup>1</sup> Milner, G., Kumar, K., Bakker, A. H., and Landa, A., *Mental Health*, 1963, 22, 8.
- <sup>2</sup> Barr, A., Golding, D., and Parnell, R. W., *J. ment. Sci.*, 1962, 108, 59.

### Brunette to Blonde

SIR,—I was very interested in Dr. J. D. Spillane's account (April 13, p. 997) of how mephensin carbamate ("tolseram") altered the colour of the hair of certain of his patients. This intriguing side-effect first came to my notice early in 1960 when a 32-year-old brunette—an excellent witness—with multiple sclerosis, said that she was quite sure the tablets (mephensin carbamate) were making her hair turn fair. She had noticed the change a month after starting them and a few weeks after she discontinued them her hair returned to its normal shade. I then recalled that, 18 months earlier, another patient with multiple sclerosis, a woman aged 40, had mentioned that two months after being put on tablets (mephensin carbamate) her scalp hair and that on her arms became fair. I did not, of course, appreciate the significance of this at the time.

I have seen one further case since, also a woman, aged 29, with multiple sclerosis, but I do not know precisely how long after commencing the tablets she noticed the change to blonde—certainly it was within a year. In

none of these three patients did I observe any change in the colour of the skin. They were on smaller doses of mephensin carbamate than were Dr. Spillane's patients. Two were on a daily dose of 4.5 g. and the other on a daily dose of between 6 and 8 g.

I had thought that becoming blonde without the effort—or the expense—would have delighted them, but, surprisingly, they were not very enthusiastic about the change. One complained that her hair was coming out and another that she was having to wash her hair more frequently, as it had become excessively greasy.

I resisted the temptation to explore the obvious commercial possibilities of this versatile drug.—I am, etc.,

Gateshead, Co. Durham.

GEORGE S. TURNER.

### Public Health Medical Officers

SIR,—In your leading article (April 13, p. 966) entitled "B.C.G. Vaccination," you write concerning the results of the Medical Research Council trials: "This information provides a factual basis for general practitioners, chest physicians, paediatricians, and others to decide who in this country should be vaccinated." By "others," I presume you mean doctors working in the Public Health Service, yet these doctors carried out 83% of all B.C.G. vaccinations during 1959, 1960, and 1961.

Five pages further, under "Annotations," you write this about educationally subnormal children: "Far the largest group of handicapped school-children is little known to most doctors and paediatricians." You omit to say that during the year ending December 31, 1961, school medical officers ascertained 9,250 such children as needing special educational treatment at special schools or in boarding homes.

I consider that these articles show either a lack of courtesy towards, or a lack of knowledge of the work of, the doctor in the Public Health Service.—I am, etc.,

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J. M. H. HOPPER.

### Detection of Glaucoma

SIR,—I agree with Mr. A. C. Shuttleworth (March 16, p. 746) that the vital factor in the detection of glaucoma simplex is the recognition of a suspicious appearance of the optic disk.

Confirmatory tests must, of course, follow, repeated at suitable intervals even when, as frequently happens, they reveal no abnormality in field or tension when first applied.

Field and tonometric examinations on all persons over 40 are, in my opinion, neither practicable nor necessary.—I am, etc.,

Yelverton, Devon.

R. AFFLECK GREEVES.

### Post-operative Hypoxaemia

SIR,—Drs. C. M. Conway and J. P. Payne are to be congratulated on their research into post-operative hypoxaemia and its safe and efficient relief by the Oxygenaire disposable mask (March 30, p. 844).

This also disposes of the interminable controversy that has raged round the use of these masks; but two questions arise. (1) How long after operation is it necessary to continue oxygen therapy until the patient can remain saturated on air? (2) Is oxygen administered by nasal catheter as efficient in relieving desaturation?—I am, etc.,

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LAWRENCE MOUNTFORD.